

Director's Signature: _____

Time Log/Program / Area: **Drug Analysis Lab Boston**

Each employee must sign their full name under their printed name at the end of each week to confirm their hours.

Supervisors must initial and justify each occurrence on the timesheet to confirm COM or OT hours for their staff.

Week Ending: _____

Employee Name:		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Salemi Charles	Day: In – Out														
	Lunch: Out – In														
	Outside Duty: From – To														
Employee Signature															
Document exceptions or comments, indicate type and amount. Supervisor initials and justification code required for COM and OT approval.															
	Day: In – Out														
	Lunch: Out – In														
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Justification codes: (I)T repair services required, I(T) malfunction- lab services required, (E)quipment malfunction- lab services required, (F)acilities malfunction- lab services required, (L)ate specimen arrival- services required, (A)fter hours specimen arrival- services required, (R)equied specimen testing in excess of staffing capabilities, (O)ther: make specific comment.

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